HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

STATE POSITION HELD: (Dept/Div or Board/Commission)

State Board of Education

Watanabe, Herbert, Shinichi

1st Vice Chairperson TERM OF OFFICE (Begin/End): 2000 2004

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Employee Retirement System 201 Merchant St, Suite 1400 Honolulu, Hi	E	Retirement Income
F	Social Security 300 Ala Moana Honolulu, Hi	c	Soc. Security Benefits
F	Great West Life & Annuity Woodlawn Account Center Baltimore, MD	В	Annuity
F	David Kanno Lanai City, Hawaii	В	Rental Income

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
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ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer. OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE F.SP. DATE OF PERIOD DC,JT TRANSFER [X]Check here if entry is None []Check here if additional sheets are attached **ITEM 4: CREDITORS** List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods). NAME OF CREDITOR AND ADDRESS ORIGINAL AMOUNT AMOUNT. F,SP, **OUTSTANDING** DC,JT **OWED** []Check here if additional sheets are attached [X]Check here if entry is None ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation. **TERM OF OFFICE** ANNUAL NAME AND ADDRESS OF BUSINESS TITLE HELD F.SP. COMPENSATION DC,JT

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[X]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more. STREET ADDRESS TAX MAP KEY NUMBER VALUE DC,JT F 93 Kapualani St. Hilo, Hi 2-4-013-056-0000-001 H \mathbf{F} Queen St. Lanai City! Hawaii 4-9-012-060-0000-001 \mathbf{F} []Check here if entry is None []Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

AMOUNT & NATURE OF

CONSIDERATION PAID

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION	
	•			
·				

[本Check here if entry is None

[]Check here if additional sheets are attached

NAME OF PERSON

RECEIVING THE CONSIDERATION

F,SP,

DC,JT

TAX MAP KEY NUMBER & STREET ADDRESS

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

NAME OF CLIENT	NAME OF STATE AGENCY			
[X]Check here if entry is None	 []Check here if additional sheets are attached			

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			O4 JAN 15 AID 50 STATE OF HAWAR STATE ETHICS COMMISSION	RECEI∀ED

[X]Check here if entry is None []Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. Of or understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE

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